

State of Connecticut
Department of Consumer Protection
Commission of Pharmacy
165 Capitol Avenue, Room 147
Hartford, CT 06106 - Telephone: 860-713-6070



Pharmacist
Notification of Change of Name, Address and/or Employment

In accordance with Sections 20-576-10 and 20-576-11 of the Regulations of Connecticut State Agencies, you must notify the Commission of Pharmacy, in writing, within five days, of **any change(s)** of name, address or employment.

Pharmacist's Name: _____
(First, Last)

License Number: PCT. _____

Effective Date of Change(s): ____ / ____ / ____

Please check all changes that apply and return by mail to the:
Department of Consumer Protection, Commission of Pharmacy,
165 Capitol Avenue, Room 147, Hartford, CT 06106 or by fax to (860) 713-7242.

☐ **Change of Name**

Previous Name: _____
(First, Last)

New Name: _____
(First, Last)

☐ **Change of Address**

New Address: _____
(Street)

(City/Town) (State) (Zip Code)

☐ **Change of Employment**

New Employer:
Name of pharmacy/firm: _____

Address: _____
(Street)

(City/Town) (State) (Zip Code)

(Type of Pharmacy Practice)